

# **REPORT OF THE INTERAGENCY COUNCIL ON ENVIRONMENTAL LEAD**

## ***MARCH 3, 2003***

### **Council Membership:**

Patricia A. Nolan, MD, MPH – Department of Health  
Terry Gray – Department of Environmental Management  
Sue Bodington – Housing Resources Commission  
Sharon Kernan – Department of Human Services  
Nancy Remington – R.I. League of Cities and Towns/City of East Providence  
Joe Gaeta – Department of Attorney General

Invited: Paula Pallozzi – Department of Business Regulations

### **I. Incidence rates of lead poisoning by city and town**

The incidence rate for childhood lead poisoning is the proportion of children under six years of age who have been tested for lead poisoning and who have had a blood lead level greater than or equal to 10 micrograms per deciliter of blood ( $\mu\text{g/dL}$ ) for the first time.

In 2002, 34,814 children under the age of six were tested for lead poisoning. 1,534 children were found to have a blood lead level of greater than or equal to 10  $\mu\text{g/dL}$  for the first time. This translates to a statewide incidence rate of 6.41%. Between 1999 and 2001, the incidence rate declined from 13.9%, 11.8% to 9.7%. *The incidence rate for each Rhode Island city and town is listed in Appendix 1 to this report.*

The cities with highest incidence rates<sup>1</sup> for 2002 were Central Falls (12%), Providence (11%), Newport (10%), Pawtucket and Woonsocket (7% each). Communities with an incidence rate between 5% and 7% include Bristol, Burrilville, Glocester, Little Compton, Middletown, South Kingstown, Tiverton and Westerly. All other cities in the state have an incidence rate of less than 5%, that is, less than 5% of new cases among children tested in those communities and have a lead level greater than or equal to 10  $\mu\text{g/dL}$  or more.

*Goal: Eliminating childhood lead poisoning by 2010.*

The Interagency Council supports further discussion of the Department of Health's proposal to define elimination of lead poisoning in Rhode Island, as outlined in the statement below:

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<sup>1</sup> New Shoreham, with an incidence rate of 16.6% according to the table, is not listed among the cities with highest incidence rates because of the extremely small number of children tested in that town. Therefore, the incidence rate of 16.6% has to be interpreted accordingly.

*"To decrease the proportion of new cases of children under six years of age with a lead level of 10 µg/dL or more to less than 5% in all RI communities, without significantly decreasing availability of lead safe housing."*

The Council notes that the elimination of childhood lead poisoning does not mean the elimination of lead in the environment. As long as lead remains in the environment, in particular lead-based paint, the risk of lead poisoning will continue.

Additional Resources: [www.healthri.org](http://www.healthri.org)

## **II. Education Programs**

- A. A brief description of lead education programs is included in appendix # 2.
- B. Lead Centers

The Center for Child and Family Health at DHS established a new service for children through Certified Comprehensive Lead Centers. Lead Centers provide a comprehensive package of services to lead poisoned children and their families, including non-medical case management, education, advocacy, window replacement and spot repair, referrals, support and assistance with housing. In late 2002, three new lead centers were certified, with four centers now operating and serving the entire state.

In 2003, all "significantly lead poisoned children<sup>2</sup>" will be referred to the lead centers for case management services and an environmental inspection by the Department of Health. In 2002, a total of 235 families with "significantly lead poisoned" children were referred to the existent lead center for comprehensive services, while 47 families were referred to the Department of Health's Family Outreach Program for an educational home visit. For this group, the Department of Health provides environmental inspections and enforcement.

Lead Centers also receive referrals from the Department of Health for children with a single test indicating a blood-lead level of 15 to 19 micrograms per deciliter of blood. The Department of Health does not provide environmental lead inspections for these families.

Additional resources: [www.dhs.state.ri.us](http://www.dhs.state.ri.us).

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<sup>2</sup> "Significantly lead poisoning" is defined as one confirmed blood lead level greater than or equal to 20 µg/dL in a child under six years of age. Alternatively, two samples from a child under six years of age, separated by at least 90 days but no more than 365 days, with a blood lead level greater than or equal to 15 µg/dL.

- C. Comprehensive review of existing education and outreach programs.

An education subcommittee has been created as an arm of the Housing Resources Commission Strategic Planning Group. This committee has met regularly since the Fall of 2002, and is preparing recommendations to improve resources available for property owners, tenants, parents and other audiences. The recommendations will be used in the preparation of the HRC Strategic Plan.

- D. Discrimination in the housing market against families with children.

The Interagency Coordinating Council has identified discrimination against families with children as an obstacle to the availability of lead-safe affordable housing to those most at risk of lead poisoning. Anecdotal evidence indicates that landlords often refuse to rent to families with young children to avoid liability for lead poisoning and to avoid having to comply with the State's lead poisoning prevention regulations.

On behalf of the council, representatives from the Department of Attorney General and the Department of Health met with advocacy groups and the Commission for Human Rights to discuss ways to improve public education and enforcement of Rhode Island's Fair Housing Laws.

### **III. Regulations Adopted Pursuant to R.I. Gen Laws §§ 23-24.6 and 42-128.1 and Other Implementation Activities**

- A. The Housing Resources Commission established Comprehensive Strategic Plan and Lead Hazard Mitigation Regulation committees to assist with the planning and implementation of the Lead Hazard Mitigation Act.
- B. In February 2003, the Comprehensive Strategic Plan Committee selected and hired the National Center for Healthy Housing as a consultant to prepare the four-year comprehensive strategic plan. The plan will be adopted by the Housing Resources Commission by April 1, 2003.
- C. The Department of Business Regulation has published proposed regulations for the inclusion of lead poisoning liability in homeowner liability insurance. A public hearing on these regulations was held on December 30, 2002.
- D. The Housing Resources Commission has published proposed Lead Hazard Mitigation Regulations. A public hearing on these regulations will be held on March 6, 2003.
- E. City and Town Programs  
The U.S. Department of Housing and Urban Development (HUD) operates the Lead-Based Paint Hazard Control Grant Program which provides grants to state

and local governments to address lead-based paint hazards in privately owned, low-income owner-occupied and rental housing. Year 2002 highlights include the following:

- Three municipalities in Rhode Island received funds through this competitive grant program: Providence (\$2,160,000) and East Providence (\$1,530,922) and Pawtucket (\$2,800,000). Providence estimates this funding will enable certifications of 190 lead-safe properties. East Providence estimates this funding will enable certifications of 109 lead-safe properties. Pawtucket estimates this funding will enable certifications of 200 lead-safe properties.
- All three cities carried out lead poisoning prevention educational activities at local day care centers, Head Start facilities, kindergarten and elementary schools and at parent groups such as the PTO and PTA, and home-based educational efforts for parents.
- Approximately 30 persons have been trained and certified through city job-training programs in lead hazard reduction activities.

The State of Rhode Island, Office of Municipal Affairs, also receives an annual allocation of HUD funds, through the Small Cities Community Development Block Grant Program. In 2002, \$1,683,000 was granted to 30 towns for housing rehabilitation work on approximately 350 housing units. Each of these units must comply with the State's lead-safe standard.

Additional resources: [www.hud.gov/offices/lead/](http://www.hud.gov/offices/lead/)  
[www.centerforhealthyhousing.org](http://www.centerforhealthyhousing.org)  
[www.aeclp.org](http://www.aeclp.org) (Alliance to End Childhood Lead Poisoning)

- F. The Rhode Island Housing Resources Commission funds a State Lead Hazard Reduction Program that provides deferred loans to eligible homeowners of pre-1978 homes to abate their home and make them safer for children. In 2002, the Commission provided \$3,078,742 in deferred loans to property owners making 355 units lead safe. In addition, all housing rehabilitation funds provided by the Housing Resources Commission for pre 1978 housing comes with a condition that the rehabilitation brings the unit into compliance with state lead safe regulations.

Rhode Island Housing and Mortgage Finance Corporation also administers a \$3 million grant from HUD to provide financing to reduce lead hazards in housing occupied by children under the age of 6. In the past year, the program has approved 85 loans to Rhode Island families.

- G. Compliance and enforcement

*Department of Health:* In 2002, the Department of Health offered comprehensive environmental lead inspections for the homes of 322 significantly lead-poisoned children. 260 inspections were performed; 62 families refused an inspection. The following table provides details on the disposition of these inspections.

Environmental Inspections	1997	1998	1999	2000	2001	2002
Number of Inspections Performed	82	326	269	228	233	260
No violations found	7	8	4	4	8	3
Lead hazards completely abated	41	161	111	118	95	49
Abatement is complete excluding soil remediation	14	47	43	26	3	0
Referred to AG or local authorities for prosecution	7	39	40	31	49	72
Case remains open with Department of Health	3	5	7	4	10	85
Enrolled in a HUD program, awaiting abatement		7	7	1	7	2
Exterior has been abated, the interior is pending		3	3	4	1	3
Interior has been abated, the exterior is pending	2	9	9	10	4	7
The parent is the owner so the case is not prosecuted	7	37	38	27	46	37
Other	1	10	7	3	10	2
Tenant Refused Inspection	8	133	70	50	95	62
Total Inspections Offered	90	459	339	278	328	322

*Data from the Department of Health as of 1/26/03.*

Cases remain open for a variety of reasons including, property abandonment (or the property no longer occupied), the owner financial problems (e.g. bankruptcy or foreclosure), or repeated changes in ownership (i.e. "flipping") that prevents the identification of a responsible owner. Many open cases remain in active consultation with Department of Health inspectors on abatement plans tailored to the specific circumstances of each individual case.

In late 2002, the Department of Health solicited proposals from outside contractors to compile data necessary for the public lists of properties with lead hazards as defined in the Lead Hazard Mitigation Act. See R. I. Gen. Laws § 23-24.6-23(b). These lists should be available to the public by the Fall of 2003.

*Department of Environmental Management.* In 2002, DEM received 165 complaints concerning the improper removal of lead paint from the exterior of buildings. In response, the Department conducted 140 inspections, which addressed 162 of those complaints, and found 75 violations. The Department issued 63 informal enforcement actions, consisting of Letters of Non-Compliance and warning letters, to cite and correct these problems. The remainder of the violations were resolved by the contractors on-site. Inspectors conducted 103 reinspections to verify compliance and confirmed that 56 sites that needed exterior clean up had been properly addressed. Five Notices of Violation were issued for lead paint removal cases in 2002 against four paint removal contractors, assessing \$30,750 in penalties. One of these cases was settled in 2002 and a penalty of \$5,650 was collected.

Additional information: <http://www.state.ri.us/dem/>

#### **IV. GOALS AND RECOMMENDATIONS FOR 2003**

State agencies anticipate that 2003 will be an active and important year for the implementation of the provisions of the Lead Hazard Mitigation Act. After the promulgation of final regulations for lead hazard mitigation and homeowner liability insurance, public outreach and education to homeowners and tenants will become a priority in advance of the July 1, 2004, effective date for these regulations.

Other specific goals and benchmarks include the following:

- Presentation of the comprehensive strategic plan to the Legislature.
- Creation by the Department of Health of public databases of properties with lead hazards.
- Design and implementation of education and training programs for various aspects of the Lead Hazard Mitigation Act.
- Promulgation by DBR of final regulations for homeowner liability insurance including lead liability.
- Promulgation by HRC of final regulations for lead hazard mitigation.
- Creation by DEM of a voluntary certification program for exterior lead paint removal contractors that consists of a required training course and self-auditing.
- Improved public education on and enforcement of Rhode Island Fair Housing Laws preventing discrimination against families with children.

Concerning recommendations for this year, the Council defers to the strategic planning committee and the report due to be adopted by the Housing Resources Commission by April 1, 2003. The strategic plan will also have a comprehensive list of educational and other programs statewide that address lead-hazard mitigation and reduction.

APPENDIX # 1  
INCIDENCE RATE TABLE.

# INCIDENCE RATES

## NUMBER OF NEW CASES OF ELEVATED LEAD LEVELS ( $\geq 10\mu\text{g/dL}$ ) IN CHILDREN TESTED IN RHODE ISLAND, YEARS 1996-2002

City	1996		1997		1998		1999		2000		2001		2002	
BARRINGTON	19	(6.33%)	17	(6.32%)	17	(6.42%)	16	(5.93%)	11	(4.07%)	13	(3.78%)	17	(3.74%)
BRISTOL	45	(12.50%)	38	(12.06%)	27	(10.71%)	30	(13.22%)	11	(4.85%)	27	(7.61%)	25	(5.64%)
BURRILLVILLE	29	(11.55%)	33	(13.52%)	29	(14.36%)	33	(14.67%)	28	(12.44%)	15	(6.73%)	19	(6.23%)
CENTRAL FALLS	156	(32.03%)	141	(33.98%)	106	(27.04%)	101	(21.81%)	112	(24.19%)	89	(15.64%)	93	(12.38%)
CHARLESTOWN	21	(15.91%)	7	(7.00%)	8	(10.39%)	4	(5.63%)	11	(15.49%)	8	(6.50%)	7	(3.35%)
COVENTRY	27	(5.95%)	27	(5.30%)	18	(4.16%)	21	(4.24%)	21	(4.24%)	21	(3.53%)	13	(2.00%)
CRANSTON	153	(16.09%)	99	(10.38%)	79	(8.61%)	89	(9.22%)	77	(7.98%)	72	(5.95%)	68	(4.59%)
CUMBERLAND	36	(7.11%)	20	(4.44%)	12	(2.99%)	23	(4.98%)	22	(4.76%)	26	(4.91%)	11	(1.57%)
EAST GREENWICH	13	(8.33%)	6	(3.64%)	7	(4.38%)	4	(2.56%)	7	(4.49%)	9	(4.33%)	7	(2.82%)
EAST PROVIDENCE	100	(13.68%)	66	(10.63%)	72	(11.90%)	73	(14.07%)	57	(10.98%)	74	(9.23%)	43	(4.34%)
EXETER	8	(6.67%)	8	(6.78%)	4	(4.44%)	3	(3.49%)	4	(4.65%)	5	(5.43%)	3	(3.00%)
FOSTER	5	(9.26%)	1	(1.49%)	2	(3.92%)	0	(0.00%)	3	(5.45%)	7	(8.75%)	0	(0.00%)
GLOCESTER	9	(11.39%)	8	(8.42%)	5	(5.05%)	8	(7.27%)	8	(7.27%)	8	(7.55%)	6	(5.08%)
HOPKINTON	9	(7.89%)	9	(8.41%)	7	(8.86%)	9	(6.92%)	11	(8.46%)	7	(4.64%)	6	(2.86%)
JAMESTOWN	21	(24.14%)	14	(23.73%)	8	(17.02%)	3	(6.00%)	9	(18.00%)	4	(5.88%)	2	(2.27%)
JOHNSTON	28	(10.57%)	20	(5.00%)	20	(5.25%)	21	(6.34%)	9	(2.72%)	24	(5.36%)	18	(3.29%)
LINCOLN	31	(10.58%)	30	(11.03%)	21	(8.02%)	21	(7.84%)	13	(4.85%)	20	(6.80%)	9	(2.30%)
LITTLE COMPTON	8	(16.00%)	3	(6.52%)	0	(0.00%)	7	(16.67%)	9	(21.43%)	4	(6.45%)	4	(5.13%)
MIDDLETOWN	48	(18.97%)	13	(6.53%)	13	(9.09%)	18	(8.82%)	18	(8.82%)	13	(4.94%)	20	(6.64%)
NARRAGANSETT	24	(9.60%)	10	(6.06%)	9	(5.63%)	12	(8.51%)	7	(4.96%)	8	(4.37%)	9	(3.42%)
NEW SHOREHAM	2	(14.29%)	0	(0.00%)	3	(16.67%)	2	(11.76%)	0	(0.00%)	2	(10.00%)	1	(16.67%)*
NEWPORT	119	(25.05%)	74	(19.79%)	64	(20.92%)	61	(15.93%)	76	(19.84%)	85	(17.78%)	61	(10.03%)
NORTH KINGSTOWN	34	(7.66%)	41	(10.93%)	21	(6.10%)	10	(2.67%)	19	(5.08%)	28	(5.41%)	15	(2.28%)
NORTH PROVIDENCE	42	(12.61%)	26	(7.05%)	24	(6.96%)	20	(5.80%)	22	(6.38%)	16	(4.16%)	14	(2.77%)
NORTH SMITHFIELD	3	(2.14%)	7	(5.60%)	3	(2.59%)	6	(4.05%)	8	(5.41%)	7	(5.04%)	3	(1.81%)
PAWTUCKET	327	(23.06%)	221	(17.17%)	208	(18.33%)	188	(16.15%)	165	(14.18%)	162	(10.36%)	144	(7.77%)
PORTSMOUTH	44	(15.22%)	15	(7.01%)	20	(9.62%)	12	(5.17%)	14	(6.03%)	17	(6.23%)	14	(4.05%)
PROVIDENCE	1429	(34.48%)	1031	(28.27%)	690	(23.42%)	867	(27.23%)	677	(21.26%)	756	(17.00%)	626	(11.47%)
RICHMOND	9	(9.38%)	7	(8.33%)	8	(11.59%)	4	(3.88%)	5	(4.85%)	9	(6.38%)	7	(3.89%)
SCITUATE	8	(6.40%)	7	(4.67%)	9	(6.00%)	6	(3.73%)	4	(2.48%)	6	(3.26%)	1	(0.42%)
SMITHFIELD	9	(5.11%)	10	(4.57%)	10	(5.03%)	8	(3.96%)	9	(4.46%)	7	(2.64%)	2	(0.69%)
SOUTH KINGSTOWN	58	(12.61%)	49	(14.45%)	32	(8.99%)	34	(11.30%)	21	(6.98%)	30	(6.42%)	40	(6.85%)
TIVERTON	33	(12.89%)	25	(13.09%)	17	(8.76%)	11	(6.71%)	16	(9.76%)	26	(10.28%)	23	(6.28%)
WARREN	36	(19.67%)	17	(11.11%)	21	(16.54%)	15	(11.63%)	19	(14.73%)	12	(6.70%)	11	(4.42%)
WARWICK	103	(9.73%)	63	(6.08%)	62	(6.01%)	75	(7.76%)	49	(5.07%)	47	(3.60%)	42	(2.87%)
WEST GREENWICH	3	(3.90%)	1	(1.19%)	2	(2.94%)	2	(2.86%)	2	(2.86%)	2	(2.38%)	4	(3.36%)
WEST WARWICK	62	(13.96%)	49	(10.61%)	33	(7.86%)	44	(10.89%)	22	(5.45%)	34	(6.05%)	25	(3.73%)
WESTERLY	31	(14.55%)	19	(10.44%)	12	(8.63%)	20	(10.26%)	20	(10.26%)	19	(6.17%)	33	(6.32%)
WOONSOCKET	275	(26.78%)	169	(20.71%)	164	(20.32%)	166	(20.00%)	133	(16.02%)	147	(15.51%)	88	(7.20%)
STATEWIDE	3417	(19.79%)	2401	(15.30%)	1867	(13.31%)	2047	(13.98%)	1729	(11.81%)	1866	(9.71%)	1534	(6.41%)

\*New Shoreham, with an incidence rate of 16.6% according to the table has an extremely small number of children tested. Therefore, the incidence rate of 16.6% has to be interpreted accordingly.

Source: Rhode Island Department of Health, Childhood Lead Poisoning Prevention Program, February 2003.



APPENDIX # 2.

CURRENT LEAD EDUCATION ACTIVITIES

## CURRENT LEAD EDUCATION ACTIVITIES

Agency	Current Education Activities
<b>Department of Health</b>	<p>The Lead Program in Family Health conducts a number of educational activities targeting Pediatricians, Prenatal Providers, Parents, School Nurse Teachers, Day Care Providers, and do-it-yourself home remodelers. Medical providers are reached through the by-monthly issue of the Lead Update, as well as site visits by Lead Program staff and periodic mailings. Parents and the general public are reached through community presentations, health fairs, and a variety of targeted mailings and other means of educational materials dissemination. The Lead Program hosts a series of promotional and community events annually during "Lead Month" in May and "Lead Week" in October. The Program also coordinates the regional "Keep It Clean" Campaign in Rhode Island, helping hardware and paint stores protect their customers from lead poisoning during home remodeling/renovation. The Department of Health serves as a clearinghouse for lead educational materials geared towards parents and providers, and maintains a web page with substantial educational information.</p>
<b>Department of Human Services</b>	<p>The Department continues to train the staff in Lead related Issues. This is meant to enhance our I &amp; R (Information and Referral) services for all clients of the Department. Brochures on various lead related issues are available in all of our District offices. We are in the process of producing a video on safety procedures that clients should be aware of if they live in a home that may be lead involved. The video will play in our local offices, will be in four languages, and may be available to the public through our Lead Centers and/or on cable television. The Department continues to work through our Rlte Care (Medicaid) program to offer education and I &amp; R through our Lead Centers, Health Centers and Physicians.</p>
<b>Childhood Lead Action Project</b>	<p>The Childhood Lead Action Project is contracting with RI Housing to provide lead prevention outreach and education services to the communities of Woonsocket and Central Falls; contracting with the City of Providence to provide lead prevention education to tenants and landlords and to recruit workers to become certified in lead hazard reduction; consulting with the City of Pawtucket on the implementation of a neighborhood-based education and outreach initiative; providing lead poisoning prevention information to the minority faith-based institutions in Providence and the Blackstone Valley; coordinating the Rhode Island Lead Collaborative, a statewide network of lead prevention educators and advocates; and convening a conference on lead poisoning prevention for the East Bay in May 2003.</p>

## CURRENT LEAD EDUCATION ACTIVITIES

<b>Family Outreach Program</b>	<p>The Family Outreach Program supports young children, prenatal women, and their families in the comfort of their home. The program makes a unique and special connection with the families through home visits and outreach efforts. Our home visitors consist of RNs, Family Workers / Interpreters, and Social Workers. They are indigenous to the community and have the ability to relate to the families on a truly personal level. An important focus of the program is Lead Prevention and Education. During our home visits, we visually inspect to identify potential lead risks. Following the inspection of the home, we provide immediate assistance to control lead hazards. Our home visitors provide families with demonstrations and materials for temporary lead prevention. In addition, the Family Outreach Program provides informational pamphlets about the dangers of lead poisoning and its effects on young children. The home visitors consistently stress the importance of lead screening and link the family to health providers if the child is under the age of six, has never had a screening, and is at risk for lead poisoning. A follow-up screening to the initial screening is crucial; therefore, the home visitors identify and link the family to health care providers as appropriate. The program also facilitates community networks with other health and human service providers to provide them with information on lead.</p>
<b>Rhode Island Housing</b>	<p>The Lead Hazard Reduction Program (LHRP) currently has sub-grantee agreements to provide Education, Outreach and Training to the core cities Providence, Pawtucket, Central Falls, Woonsocket and Newport. The sub-grantees through our HUD Round 9 grant are Greater Elmwood Neighborhood Services Inc. (GENS), Childhood Lead Action Project (CLAP) and Realty Endeavors for Affordable Housing (REACH). These programs range from educational workshops, dedicated staff providing information and literature at health fairs and community events, door to door campaigns at targeted neighborhoods, networking and public awareness efforts through local government, non-profit, business and other interested stakeholders to distribute and disseminate lead awareness information, specifically promoting RI Housing LHRP resources to address mitigation efforts. Training efforts focus on certifying and licensing contractors and workers in the lead industry with emphasis on training core city disadvantaged resident as training candidates. In addition the Education &amp; Training Coordinator at RI Housing LHRP schedule and conducts trainings in lead awareness issues and actual certification training for the 8Hr Lead Safe Renovator/Remodeler state certification course.</p>
<b>HUD Lead Hazard Control Grant Program</b>	<p>HUD Lead Hazard Control Grant Program:</p> <p>Providence East Providence Pawtucket</p> <p>All three communities carried out extensive lead poisoning prevention educational activities as part of the HUD grants. Educational workshops, training in lead safe practices, home-based case management, hands-on activities for children and attendance at local health and neighborhood fairs were carried out. Educational seminars were also provided to parents at local Head Start Centers, PTO's, elementary schools and kindergartens.</p>

## CURRENT LEAD EDUCATION ACTIVITIES

<b>Greater Elmwood Neighborhood Services, Inc. (GENS)</b>	GENS is a non-profit organization, located in Providence, R.I., providing lead education services and mitigation services to residents of the State of Rhode Island. Our lead educator works with parents, home day care providers, community based organizations and others as needed to conduct in person presentations on both the perils of childhood lead poisoning as well as methods a primary caretaker may enact to assist in the prevention of lead poisoning. The CLEARCorps program (part of AmeriCorps) provides in home mitigation services to residents statewide as well as outreach and educational services to homeowners, tenants and caretakers of young children. Both components of our lead education program actively participate in multiple statewide community fairs and events.
<b>Blackstone Valley Community Action Program (BVCAP)</b>	The Blackstone Valley Community Action Program (BVCAP) conducts outreach and education for the Pawtucket Lead Hazard Control Program. BVCAP conducts educational presentations at schools and childcare centers throughout Pawtucket. BVCAP also has the capacity to conduct supervisor certification courses for area construction firms.